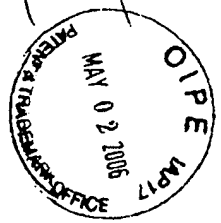


16/17

The stamp of the P.T.O. acknowledges receipt of:

1. Certified Copy of  
UK Q2 07908
2. Transmitted letter



RE: 10/5/10, 3/16

ATTY. GEN. MAILED 1<sup>st</sup> CLASS  
AYL-10-PCT 27 APR. 06

EXHIBIT-B



RECEIVED IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Regarding Application Number 10/510,316 including:

Certificate of Mailing by Express Mail  
Amendment Transmittal Letter  
Amendment After Final in response to Office Action dated November 27, 2007 and an  
Advisory Action dated January 8, 2008  
Change of Attorney's Address in Application

01/25/2008



EB 838392657 US



Mailing Label  
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$	
Date Accepted	Scheduled Date of Delivery Month Day	Return Receipt Fee \$	
Mo. Day Year	Scheduled Time of Delivery Time	COD Fee \$	Insurance Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$	
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials	

FROM: (PLEASE PRINT)

PHONE ( )

GEROW P. BRILL  
20 OAKMONT CIRCLE  
NEW FREEDOM, PA  
(A44-12) 1734P

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Visit [www.usps.com](http://www.usps.com)

Call 1-800-222-1811



DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT  
Express Mail Corporate Acct. No.

☐ WAIVER OF SIGNATURE (Domestic Mail Only)  
Additional merchandise insurance is void if  
customer requests waiver of signature.

I wish delivery to be made without obtaining signature  
of addressee or addressee's agent (if delivery employee  
judges that article can be left in secure location) and I  
authorize that delivery employee's signature constitutes  
valid proof of delivery.

Federal Agency Acct. No. or  
Postal Service Acct. No.

NO DELIVERY  
☐ Weekend ☐ Holiday

Mailer Signature

TO: (PLEASE PRINT)

PHONE ( )

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PO BOX 1450  
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ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

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FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.